HIV/AIDS PREVENTION, CARE AND SUPPORT SERVICES FOR MÉTIS PEOPLE IN ALBERTA

Prepared For:

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EXECUTIVE SUMMARY

BACKGROUND

Epidemiological evidence indicates that HIV/AIDS is increasing among Aboriginal people. We also know that a higher proportion of the Aboriginal cases are either injection drug users, combined injection drug users and homosexual/bisexual risk or heterosexual risk. In addition, comparison by gender and risk factor reveals an important difference among women. Specifically, injection drug users make up 36.4% of Aboriginal female cases versus 10.0% of all female cases.

Although the disease is preventable, it is difficult to address because people continue to behave as though they are not susceptible to HIV/AIDS. However, once a person has contracted HIV, we know it is always fatal.

Preventing HIV/AIDS means educating children and teenagers about sex and empowering them with the knowledge and skills necessary to protect themselves. The lack of self-esteem has also had an effect on the practice of safer sex in the Métis community. A component of this includes developing skills concerning how to negotiate with partners about having safer sex or the ability to negotiate one's way out of feeling they have to have sex.

In 1994, the First Nations Health Commission, of the Assembly of First Nations hosted a National Roundtable on HIV/AIDS and Aboriginal people. This Roundtable discussion noted that the denial perpetuated by Aboriginal people themselves concerning HIV/AIDS is one of the most challenging barriers to the effective implementation of education awareness strategies.

As an initial step for what must be a culturally and politically sensitive process of planning to further address HIV/AIDS prevention, care and support issues as they affect the Métis community, it is necessary to obtain some preliminary information. In March 1995, Alberta Health requested RPM Planning Associates Limited to determine the types of services concerning HIV/AIDS that are available to Métis people in Alberta.

Métis are people of "mixed blood". Some trace their lineage to the early fur traders and to the participants of the Métis rebellions led by Louis Riel. In Alberta, some Métis people have an identifiable land base, Métis settlements. Most, however, live off-settlement.

FINDINGS

Telephone interviews were conducted with 17 of 54 Métis Locals [Locals are political sub-units of the Métis Nation of Alberta which assist in the governance of Métis people at the community level], and 5 of 8 Métis Settlements. In addition, interviews were conducted with 15 of 20 Native Friendship Centres that provide services to Aboriginal people—including Métis. Information concerning the estimated number of Métis people served annually by the organizations that were interviewed was collected. Thirty-four of the 37 agencies interviewed, estimated that they collectively serve almost 28,000 Métis people across the province.

Some of the 37 organizations that were interviewed arranged for the provision of HIV/AIDS prevention and education activities [11 of 37], while very few actually directly provided these types of activities to Métis people in the last 12 months. Moreover, Native Friendship Centres were the most active organizations in arranging/providing prevention and education activities for Métis people concerning HIV/AIDS. This was reported as being due to the fact that Native Friendship Centres have staff who can spend time either providing prevention and education activities or arranging for these activities. Accordingly, the Native Friendship Centres should be viewed as an important resource for Métis communities as they realize the threat posed by the spread of HIV infection.

It is important to know how comfortable the audience will be in listening to information being presented about HIV/AIDS. The data indicate approximately the same number of respondents considered that Métis people would either be 'somewhat comfortable' or 'somewhat uncomfortable' with listening to information about each of the prevention topics. Three topics in particular were perceived to be the source of the greatest degree of discomfort for Métis people—listening to information about 'using a condom during vaginal intercourse', 'using a condom during anal intercourse', and 'sex and relationships'. Some of the respondents indicated that Métis people would feel most comfortable if HIV/AIDS workshops did ***not*** include both males and females.

Most respondents believed that Métis people are ***not*** receiving adequate prevention and education information about HIV/AIDS. It is interesting to note that the majority of the respondents perceived the 'youth and young adults' to be the primary target groups for HIV/AIDS-related information. However, this negates the fact that people who are middle-aged also move in and out of relationships and, therefore, must be able to protect themselves from HIV/AIDS.

We were interested in exploring the opinions of the respondents concerning the information that is often contained in pamphlets about HIV/AIDS. Half of the respondents who had read some of the HIV/AIDS pamphlets indicated that the information is ***not*** easy to understand. These individuals noted the information was often too technical and "there are too many big words like AIDS written out—this turns people off."

Sometimes Aboriginal people will turn to traditional healers for assistance. Most of the respondents noted that they can access traditional healers for specific healing ceremonies. However, the respondents indicated that they do not access traditional healers nor have they had a request to refer someone to a traditional healer.

When people are experiencing problems in their lives they do not always seek help. We were interested in understanding what barriers (real or perceived) might reduce a Métis person's access to HIV/AIDS services. The barriers most frequently cited by the respondents include 'the individual's fear of what other's might think', 'discrimination', and 'community shame of the individual'. In addition, the data indicate that for almost all the potential barriers listed, 70 percent of respondents believed them to reduce access to HIV/AIDS care services for Métis people. Whether or not this is a reality, there is strong evidence of a problem that needs to be further explored and addressed.

Lastly, many of the Métis Locals that were interviewed indicated their Boards openly support the need for educating Métis people about HIV/AIDS, but they have mixed views concerning the degree to which their Boards have encouraged the development of services respecting HIV/AIDS. However, most of the Métis Locals who were interviewed stated that their Boards believe there are more important issues than HIV/AIDS confronting Métis people.

CONCLUSION

This report is an initial step in planning to further address HIV/AIDS prevention, care and support issues as they affect the Métis community. Perhaps the information contained in this report will provide some clarity as to what needs to be accomplished in the future. The findings of this study may assist Métis and non-Aboriginal organizations to take appropriate action to address HIV/AIDS prevention, care and support issues as they affect the Métis community. We know that HIV/AIDS is a deadly disease—one which can be prevented—this is the challenge facing the Métis people of Alberta.

ACKNOWLEDGEMENTS

RPM Planning Associates wishes to express its appreciation to members of the Steering Committee for their advice and guidance during the course of this study. Thanks are also extended to all of the organizations and Métis Locals and Métis Settlements that participated in this study and shared with us their experiences and views about services to Métis people concerning HIV/AIDS prevention and, care and support. We are also grateful to John McDonough, Manager, Aboriginal Health—Alberta Health and Marion Perrin—Nurse-Epidemiologist, Medical Services Branch - Health Canada for their insights.

The Steering Committee was composed of: Phyllis Craig—Manager, Provincial AIDS Program; Elena Kanigan—Community Care Coordinator, Provincial AIDS Program; and Keith McLaughlin—Manager, Quality Assessment and Operations Review, Program Evaluation Branch—Alberta Health.

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SECTION 1

INTRODUCTION

1.0 INTRODUCTION

Sexuality is a pervasive force in an individual's life. One's sexual identity—including one's understanding of gender roles and the sexual behaviours in which one chooses to engage—permeates one's thoughts, feelings, and behaviours. That identity is shaped largely by the values of a person's family and community. Oral histories and teachings handed down within Aboriginal and Métis families for millennia have reflected the Aboriginal peoples' understanding of sexuality. Historically, in Aboriginal communities, adults were responsible for child rearing. Every adult was a teacher and cared for the younger members of the tribe/community. Children were held in high regard, as were older community members. Grandparents often raised the firstborn child in a family, and were responsible for teaching the child about social mores and values, including sexuality, and behaviours that ensured the community's survival. Children learned about creation stories, naming ceremonies, spiritual teachings, puberty ceremonies, and spiritual and social songs and dances.

At one time Aboriginal nations celebrated sexuality. When Aboriginal children reached puberty, their tribes held traditional ceremonies to celebrate their respective Rites of Passage to adulthood. It was at this time that traditional teachings regarding sexuality and the roles and responsibilities of men and women were imparted. However, due to the influence of the non-Aboriginal society, sexuality has become a taboo topic and valuable teachings have been set aside.

Preventing HIV/AIDS means educating children and teenagers about sex and empowering them with the knowledge and skills necessary to protect themselves. The lack of self-esteem has also had an effect on the practice of safer sex in the Aboriginal community. A component of this includes developing skills concerning how to negotiate with partners about having safer sex or the ability to negotiate one's way out of feeling they have to have sex.

In 1994, the First Nations Health Commission, of the Assembly of First Nations hosted a National Roundtable on HIV/AIDS and Aboriginal people. This Roundtable discussion noted that the denial perpetuated by Aboriginal people themselves concerning HIV/AIDS is one of the most challenging barriers to the effective implementation of education awareness strategies.

As an initial step in planning to further address HIV/AIDS prevention, care and support issues as they affect the Aboriginal community, Alberta Health and Health Canada published a report in December 1994 entitled Aboriginal-Specific HIV/AIDS Prevention, Care and Support Services in Alberta. The document synthesizes essential literature concerning Aboriginal people and HIV/AIDS and, presents lessons and implications for the purpose of planning information programs about HIV/AIDS directed towards Aboriginal people. In addition, the report furthers an understanding of the availability of services to address HIV/AIDS prevention, care and support issues as they affect Aboriginal people. Moreover, the document describes the extent of epidemiological information that exists concerning Aboriginal people in Alberta and HIV/AIDS.

As an initial step for what must be a culturally and politically sensitive process of planning to further address HIV/AIDS prevention, care and support issues as they affect the Métis community, it is necessary to obtain some preliminary information. Perhaps the information contained in this report will provide some clarity as to what needs to be accomplished in the future and, will help mobilize both Métis and non-Métis organizations to take appropriate action to address HIV/AIDS prevention, care and support issues as they affect the Aboriginal community.

Métis are people of "mixed blood". Some trace their lineage to the early fur traders and to the participants of the Métis rebellions led by Louis Riel. In Alberta, some Métis people have an identifiable land base, Métis settlements. Most, however, live off-settlement.

1.1 FORMAT OF THE REPORT

This report consists of four sections and one Appendix.

Section 1 describes the background of the project and the contents of the report.

Section 2 outlines the methodology.

Section 3 presents a synthesis of the literature and the implications for program planning for the delivery of services to Aboriginal people concerning HIV/AIDS.

Section 4 presents our findings from interviews with the Métis Locals, Métis Settlements and Native Friendship Centres about services concerning HIV/AIDS.

Appendix 1 presents the questionnaire that was used during our interviews about services concerning HIV/AIDS.

SECTION 2

METHODOLOGY

2.0 METHODOLOGY

The methodology for this study consisted of telephone interviews with:

a. Métis Locals in Alberta [Locals are political sub-units of the Métis Nation of Alberta which assist in the governance of Métis people at the community level];

b. Métis Settlements in Alberta [Métis Settlements are located north of Edmonton and each is administered by an elected Chairman and Councillors]; and

c. Native Friendship Centres [Native Friendship Centres are 'drop-in' centres, located in communities throughout Alberta, where people of Aboriginal ancestry can socialize and receive assistance from Aboriginal staff concerning health, education, and social service issues.]

A questionnaire was developed by RPM Planning Associates Limited after reviewing survey instruments that had been used in other research projects concerning HIV/AIDS issues, including interviews with Aboriginal organizations/reserves. The draft questionnaire was reviewed by the Steering Committee. The revised survey instrument was not pre-tested because the questions were adapted from tested questionnaires from previous studies.

Exhibit 1 presents the number of respondents who were interviewed by RPM staff.

EXHIBIT 1

TYPE OF RESPONDENT

Type of Respondents	Number of Respondents	Number of Potential Respondents
Métis Locals in Alberta	17	54
Métis Settlements in Alberta	5	8
Native Friendship Centres	15	20
Total	37	82

Note: Of the 37 Métis Locals that were not interviewed—8 did not have a telephone, 10 interviews were cancelled because the person was not available at the time when the interview was to be conducted and the person could not be reached to reschedule the appointment, and there was no answer at 19 Métis Locals.

Exhibit 2 presents information concerning the estimated number of Métis people served annually by the organizations that were interviewed. The 34 of the 37 agencies interviewed that were able to provide this information, estimated that they collectively serve almost 28,000 Métis people across the province.

EXHIBIT 2

ESTIMATED NUMBER OF MÉTIS PEOPLE SERVED ANNUALLY

The Estimated Number of Métis People Served Annually	Number of Respondents	Percent of Respondents
< 50	8	24%
50 - 100	3	8%
100 - 500	7	20%
500 - 1000	8	24%
+ 1000	8	24%
Total	34	100%

SECTION 3

SYNTHESIS OF THE LITERATURE CONCERNING POLITICAL, SOCIAL AND CULTURAL FACTORS AFFECTING HIV/AIDS PROGRAMMING FOR ABORIGINAL PEOPLE

3.0 POLITICAL, SOCIAL AND CULTURAL FACTORS RELEVANT TO HIV/AIDS PROGRAM PLANNING: A SYNTHESIS OF THE LITERATURE

This Section of the report synthesizes essential literature concerning Aboriginal people and HIV/AIDS, and presents lessons and implications for the purpose of planning information programs about HIV/AIDS that are directed towards Aboriginal people. The sources are listed on page 26. This information was originally published in a report prepared for Alberta Health and Health Canada, in 1994, entitled Aboriginal-Specific HIV/AIDS Prevention, Care And Support Services in Alberta, and subsequently updated for this study.

Lessons About Métis People	Implications For Program Planning
1. Métis people believe that there is a lack of understanding within the Métis Councils and among community members about HIV/AIDS. 2. The Métis leadership is in denial about HIV/AIDS. 3. Some Métis people still believe that only gay people get AIDS. 4. Métis people do not have sufficient knowledge about caring for someone who has HIV/AIDS. Source F	Since Métis people who are HIV positive often suffer in silence, it is important that programmers address the issue of "denial" with the Métis community and point out that the stigma and rejection associated with HIV/AIDS is often more difficult to live with than the disease itself. Program planners need to provide people with an understanding of how to care for someone who has HIV/AIDS. ✷
Métis adults have a generally positive attitude towards health, that is, an attitude that would facilitate taking responsibility for personal health. Among females, attitudes towards health became more positive as they advanced in age. However, this pattern did not hold for men, where the most positive attitudes were held by the 31-45 years age group, followed by the oldest, with the youngest age group having the least positive attitude. Source A	Attitudes that would facilitate taking responsibility for personal health are related to age and gender. This will affect the way in which messages about HIV/AIDS are designed and targeted. ◆
The majority of Métis adults would be willing to change health behaviours if they found out these could possibly make them sick. However, 75% of the men and 44% of the women said that they would have to experience some effect, usually a serious effect, for this change to take place. Change in health behaviours did not take place because they knew people who engaged in behaviours known to have serious consequences but who had not suffered any serious consequences. Source A	When designing HIV/AIDS workshops, program planners should include speakers who are Aboriginal, and either HIV positive or have AIDS. Another approach is to use videos that include Aboriginal people who are HIV positive or who have AIDS. This would help people to understand that contracting HIV/AIDS is a death sentence. ◆

✷ Implication contained in the literature ◆ Implication indicated in Aboriginal-Specific HIV/AIDS Prevention, Care and Support Services in Alberta

Lessons About Métis People	Implications For Program Planning
1. Métis adults perceived AIDS to be a serious and fatal disease. 2. The majority of the Métis adults, men more frequently than women, felt that it was possible for them to get the disease. 3. Métis adults perceived that AIDS could very likely be contracted by someone in their community. 4. Attitudes towards AIDS indicated that more people would agree, than disagree with practicing risk-reduction behaviours. 5. Attitudes towards the practice of risk-free AIDS behaviours were less positive in the older groups with the most positive attitudes being noted in the young male group, the least positive in the male 46+ years group. 6. Generally the fear of AIDS expressed by the Métis adults was at a moderate level. Males expressed a greater fear of AIDS than females. The least fear was expressed by the middle aged category. Source A	Since women express less fear of HIV/AIDS than men, but are at higher risk, it is important that programmers discuss power in relationships and build on the concept of "acceptance of personal risk". ◆
A review of the literature revealed a lack of health education programs directed specifically towards the Métis population. Métis people are either offered programs designed for the general public or sometimes those designed for "Aboriginals" where status Indians, non-status Indians, and Métis have been assumed to have the same or similar educational needs. Source A	The first step in developing AIDS health education for Métis adults would be to identify present Métis health beliefs that predict the health behaviours that are involved in AIDS prevention. This should involve the community. ✸ The approach should be community-specific rather than Métis-specific. Some Métis communities are very traditional, while others explicitly do not follow Aboriginal ways. ◆

✸ Implication contained in the literature ◆ Implication indicated in Aboriginal-Specific HIV/AIDS Prevention, Care and Support Services in Alberta

Lessons About Métis People	Implications For Program Planning
Métis adults tend to see health from a holistic viewpoint. Spirituality plays a significant role in health for Métis adults. Health was described using a variety of terms that could be placed in the following categories: physical, psychological, and holistic. Source A	Program planners need to develop educational materials for non-Aboriginal care providers that increases their understanding and appreciation of traditional Métis beliefs and traditions. These beliefs and traditions may be different from community to community. ◆
More Métis women than men used holistic terms to describe health, while men had a greater tendency to refer to health as the absence of disease. There was some variation among the Métis adults as to ways of maintaining health. Source A	Program planners need to develop educational materials for non-Aboriginal care providers that increases their understanding and appreciation of traditional Métis beliefs and traditions. These beliefs and traditions may be different from community to community. ◆
Métis adults felt that they had learned the ways to maintain health mainly through the experience of growing up. Men reported more frequently learning about ways to stay healthy from printed material, that is, books and magazines, whereas women tended to feel that they had learned these ways from school and family more than through printed material. The present sources of health information were reported to be doctors, the community health nurse and the Community Health Representative, and printed material, especially books. When sick, most Métis adults attempt to treat themselves by trying such things as resting, taking nonprescription medicines, or getting fresh air. Source A	Health Centres/facilities and agencies serving the Métis population should have written materials available. ◆

✸ Implication contained in the literature ◆ Implication indicated in Aboriginal-Specific HIV/AIDS Prevention, Care and Support Services in Alberta

Lessons About Métis People	Implications For Program Planning
The majority of Métis adults believe in the traditional use of herbs and roots, although they may not actually use them. Of the less than 20% of the Métis adults who believe in the medicine man/woman, the majority would restrict their use to serious ailments that the doctor had failed to cure or to problems that might have resulted from someone using "bad" medicine on them. The use of the medicine man/woman requires a strong spiritual belief. Métis adults who were exposed to the use of traditional medicine (Indian Medicine) as a child, were more likely to report that they currently believed in it. Although some did not believe in traditional medicine per se, they reported a preference to use "natural", not chemical, cures when they were assured they would work. Source A	Health care workers cannot assume that the Métis necessarily hold traditional cultural beliefs consistently. Therefore, Health workers need to be sensitive to the importance of finding out about individual beliefs that may influence accessing the health system or in complying with a doctor's prescription. ◆
Métis adults generally have a positive attitude towards sexuality, that is, an attitude that would facilitate the practice of sexual responsibility. Females have a more positive attitude than the males. Source A	
Métis males view sex as being more private than females. They also see the discussion of sexual matters as having a more negative effect on romance than females do. These different views are especially noticeable between the male 46+ age group and the female 18-30 age group. Source A	It may be necessary to conduct separate workshops for men and women. ◆

✸ Implication contained in the literature ◆ Implication indicated in Aboriginal-Specific HIV/AIDS Prevention, Care and Support Services in Alberta

Lessons About Métis People	Implications For Program Planning
The belief held by most of the Métis adults when they were growing up was that sex was a taboo subject—often being referred to as sinful and dirty. However, as adults, Métis people see the subject of sex as being more open, and the majority feel they could discuss the subject, especially with other adults. Source A	Educators should recognize that some people will be reluctant to participate in discussions about sex education. Therefore, they should use specific techniques to make their audience feel more at ease. ◆
The majority of Métis men see the children in their community continuing to learn about sex the way they did, that is through experimentation, peers and older siblings, and the media. In contrast, women saw the school now playing a bigger role in sex education although peers, the media, and personal experience were also mentioned as contributing to the sexual knowledge of today's children. Females also mentioned that more parents are talking to their children about sexual matters. Source A	Program Planners should explore the integration of sex education in the schools in their communities. Information should also be available to assist Métis parents in addressing sexuality and HIV/AIDS issues with their children. ◆
Métis adults see sex education as starting in the home and being continued at school. School sex education should be taught by a person who has the following qualities: knowledge of the subject, a healthy attitude about sex, trust of the students, training in knowing how to talk to students about sex without making them uncomfortable, and the ability to be a positive role model. These qualities were often seen to describe the community health nurse. Source A	
Métis adults hold varying views on homosexuality which range from acceptance to rejection on religious and cultural grounds. Source A	Program Planners could try to address these varying views on homosexuality during community workshops, Talking Circles, and/or with Parent Groups. ◆

✷ Implication contained in the literature ◆ Implication indicated in Aboriginal-Specific HIV/AIDS Prevention, Care and Support Services in Alberta

Lessons About Métis People	Implications For Program Planning
Sources of sexual information for the Métis adults were the family doctor, friends and siblings or cousins, and printed material. Parents would like further information on the subject of teaching children about sex; answering such questions as when, how, and what children should be told about sex. Source A	Information should be available to assist Métis parents in addressing sexuality and HIV/AIDS issues with their children. Perhaps "parent gatherings" would be a useful approach for providing information about sexuality and HIV/AIDS. ◆
The majority of Métis adults had not had the opportunity of attending any educational program about AIDS and felt that information about AIDS should be available within their community. They felt that community members should be informed about health risks using a variety of methods (workshops, one-to-one counselling, printed material, etc.) to allow individuals to choose the method that best suited their personal needs. Source A	Although workshops were seen as the preferred method of learning about AIDS, the adults admitted that it would be difficult to get people to attend. Presenting AIDS information to an existing group or in combination with another event such as a community supper were suggested as ways to improve attendance. There was a clear need expressed for AIDS education programming to be "people oriented". This starts with asking community members what they would like to learn and how they would like to learn it. It is also seen in their preference for learning through small group discussions. The adults see themselves as learning through questions asked by others, as well as through the opportunity to express their own views. AIDS videos should have a medical professional talking informally to a small group of adults. ✸
The Métis adults noted that the information should be presented by people knowledgeable about the disease and able to communicate with the people. Trained community members were **not** seen by most adults to be as credible as a medical professional, either doctor or community health nurse. Source A	Generally, presenters from outside the community were seen as having more credibility than those within. But if those presenting the information were from too far away, it was suggested that they would not understand the local situation or be able to provide any follow-up. ✸

✸ Implication contained in the literature ◆ Implication indicated in Aboriginal-Specific HIV/AIDS Prevention, Care and Support Services in Alberta

Lessons About Political/Cultural Factors	Implications For Program Planning
Within Aboriginal communities all traditional teachings are passed down orally. Source B	Interviewers must have good listening skills. Program planners could use such vehicles as stories, songs, plays, and should not rely too heavily on printed material. ◆
It is necessary to learn from local community members how approach traditional Healers and/or Elders. It is common to approach traditional Healers and/or Elders with gifts of tobacco, cloth or food. Source B	Interviewers must have sufficient supplies of tobacco and/or other gifts and must know how to approach the traditional Healer with the gift. Community informants may provide advice with respect to the appropriate gift. ◆
Traditional Healers and Elders provide information about the teachings through stories. Source B	Interviewers must be capable of finding the principles that Traditional Healers are relating in their stories. ◆
Many Elders prefer that notes are not taken. Source B	Interviewers must be capable of remembering the details of the lessons provided by the Traditional Healers and Elders. Use discretion, ask permission to take notes if advisable. ◆
Story-telling is a lengthy process. Source B	Interviewers must be prepared to spend between 3 and 4 hours at one time with a Traditional Healer. This will have time and budgetary implications. Those who value tradition will be prepared to sit and listen at length. ◆
Many Traditional Healers and Elders live on reserve. Source B	Interviewers must be prepared to travel to the Traditional Healers and Elders. This will have time and budgetary implications. ◆

✷ Implication contained in the literature ◆ Implication indicated in Aboriginal-Specific HIV/AIDS Prevention, Care and Support Services in Alberta

Lessons About Political/Cultural Factors	Implications For Program Planning
The Health Belief Model used by researchers in identifying AIDS educational needs of Métis adults in Northeastern Alberta, incorporates the variables viewed to be key determinants of behavioural change with respect to reducing the identified AIDS risk behaviours. The Health Belief Model includes: (1) the readiness of the individual to consider behavioural changes to minimize or avoid health risks; (2) the existence and influence of forces in the individual's environment that urge change and make it possible ; and (3) the behaviours themselves. In addition, these factors are also influenced by the personality and the environment of the individual. Source A	The Health Belief Model suggests that a 'needs identification' and assessment for a target group must focus on more than knowledge gaps. This point is also important because adults will only participate if they perceive that program content addresses their need . Accordingly, it is important to identify specifically what Métis adults want to learn concerning AIDS and how they want to receive this information. A factor that influences all the model components, but may not stand out prominently, is culture. Therefore, it is important **not** to assume that educational needs are generic. Moreover, it is important to identify not only specific needs of different cultural groups, for example the Métis, but also specific needs **within** a cultural group. Each time individuals receive health information, this information is filtered through their knowledge, attitudes, beliefs, values, and skills (or lack of skills) before any response behaviour is exhibited. Not only do knowledge, attitudes, beliefs, values, and skills interact with each other, but each of these is also being influenced by the culture within which the individuals live. In addition, culture is not stagnant, but reflects to some extent societal changes. This results in the health education process having to continually adapt to the current needs of the specified learners. ✷
The individuals' perceived powerlessness to modify their own high risk behaviours directly relates to their ability to prevent HIV infection. Source B	It can be difficult for Métis people to accept the fact that they can assume more power and control in their lives, when many Métis people have been controlled by the non-Aboriginal society. This will pose a significant challenge for program planners. ◆

✷ Implication contained in the literature ◆ Implication indicated in Aboriginal-Specific HIV/AIDS Prevention, Care and Support Services in Alberta

Lessons About Political/Cultural Factors	Implications For Program Planning
The literature suggests that individuals require more than knowledge, attitudes, and skills to adopt a particular behaviour. It appears that a stimulus or cue is required to facilitate the behaviour change. The AIDS Educational Model used by researchers in identifying AIDS educational needs of Métis adults in Northeastern Alberta, identifies contact with AIDS, and indirect and direct educational sources as factors that might stimulate the practice of AIDS risk free behaviours. Source A	1. A variety of approaches should be used to inform the community about AIDS such as workshops, posters, personal contact, the community newsletter, and general meetings. However, workshops are seen as the preferred way to present health information. 2. One-to-one information could be used both to convince people that they should attend the AIDS workshop and to provide follow-up information after the workshop. 3. If participants feel comfortable, workshops could include both men and women. 4. Information at the workshop should be presented by an individual who is knowledgeable about AIDS and has good communication skills. Community health nurses are seen as qualified to lead workshops. 5. The best time for a workshop would be a Monday or Tuesday evening between the beginning of November and the end of March. 6. Group discussions are seen as a preferred method of becoming familiar with new health information. 7. AIDS videos should have a medical expert provide the facts in a clear, straight forward manner to a group of adults. 8. A demonstration of the proper use of condoms should be done at the workshop, as well as handing out condoms for workshop participants. 9. Stories that explain how the disease can affect their community should be used and discussed. 10. A variety of AIDS pamphlets should be available within the community at such places as the health centre, the settlement administration office, the church, and the school. 11. The community should have books and videos on AIDS available for settlement members to borrow. ✸

✸ Implication contained in the literature

Lessons About Social Factors	Implications For Program Planning
The recent trends in the residential patterns of Aboriginal people in Canada indicate that an increasing number of them are moving to urban areas. Source C	Métis organizations and other Aboriginal organizations, such as Friendship centres should be encouraged to provide services in urban centres respecting AIDS education to Aboriginal people. ✷
Community leaders should be sensitized to the need to make AIDS education a priority. It is emphasized that it is of the utmost importance that, before any initiatives are taken or programs planned for any community, tribal health coordinators and/or community leaders must be consulted. Source D	Consultation can be handled by the following means: • special educational sessions to be held by health educator, nurse, physician, Community Health Representative [CHR] or other resource person or voluntary agency; • incorporating relevant traditional Aboriginal health concepts (e.g. the Medicine Wheel) into AIDS educational activities; • the use of Aboriginal Radio and television programs to disseminate information about the prevention and control of HIV infection, through broadcast phone-in programs, etc.; • making educational pamphlets available; • introducing AIDS education into junior and high school curriculum—perhaps as part of family life education (will have to do outreach to contact school dropouts on the reserve and could employ the skills of the CHR); and • emphasizing to education authorities the need to give a high priority to HIV/AIDS programming in schools. ✷

✷ Implication contained in the literature ◆ Implication indicated in Aboriginal-Specific HIV/AIDS Prevention, Care and Support Services in Alberta

Lessons About Social Factors	Implications For Program Planning
The Aboriginal population of Canada consists of a wide variety of cultural groups, each speaking different languages, living in a variety of locations, practicing different traditions, customs and lifestyles. This diversity of views about what is acceptable behaviour will affect what is effective in stimulating and sustaining behavioural change among the Aboriginal population. Source C	The Métis population is diverse. Some speak an Aboriginal language and practice a variety of Aboriginal customs, others do not. Some live on Métis settlements, others do not. Due to the diversity of views concerning acceptable behaviour among Métis people, it would be impossible to develop a "generic" Métis or Aboriginal AIDS Education and Prevention message. ✸
Many Aboriginal people have migrated between rural and urban communities. Source B	More services concerning the prevention of HIV/AIDS, as well as care and support to Aboriginal people who have AIDS will likely be required in urban areas. In addition, Métis and other Aboriginal people may be at greater risk as the transience of migrating back and forth between communities may lead to increased numbers of partners and, therefore, possible exposure to HIV. ◆
Low levels of education and unemployment result in a struggle to maintain basic living requirements. Source B	Health education is not as high a priority as food, shelter and clothing. Planners will need to be sure that whatever message they want to get across is presented in a simple, straight-forward manner. In addition, planners will likely have to develop a range of written material which corresponds to various literacy levels including the functionally illiterate to ensure the information can be understood by the intended audience. ◆
Living between two cultures has created many social problems for Aboriginal people, resulting in dysfunctional and risky behaviours. Source B	Dysfunctional behaviour may reduce the receptivity to any message concerning HIV/AIDS, or social problems can interfere in people's participation in HIV/AIDS education programs. ◆

✸ Implication contained in the literature ◆ Implication indicated in Aboriginal-Specific HIV/AIDS Prevention, Care and Support Services in Alberta

Lessons About Social Factors	Implications For Program Planning
High risk behaviours are related to sexually transmitted diseases and HIV infection. Source B	It is essential to educate people about what constitutes risky behaviour and how these behaviours can lead to the risk of HIV infection. ◆
The STD (Sexually Transmitted Diseases) rates among the Aboriginal population are almost four times that of mainstream Canadian society. Since many STD cause genital ulcerations, the potential for HIV infection among heterosexuals is enhanced. Therefore, the potential for the Aboriginal population to contract HIV/AIDS is significant. Based on reported Aboriginal AIDS cases, 25% are female compared to a national average of 6.3%. This statistic may also indicate a significant difference in how the virus is spread in Aboriginal communities. Source C	It is important that Métis people understand the link between STD and HIV. It is important that Métis people understand they will reduce their risk of acquiring either HIV or another STD by practicing safer sex behaviours. ◆
When one compares the identified risk factors for Aboriginal AIDS cases with all cases, a few differences become apparent. For example, a higher proportion of the Aboriginal cases are either injection drug users (8.6% Aboriginal cases versus 2.5% non-Aboriginal cases), combined injection drug users and homosexual/bisexual (7.5% Aboriginal cases versus 3.6% non-Aboriginal cases) or heterosexual risk (8.6% Aboriginal cases versus 4.7% non-Aboriginal cases). In addition, comparison by gender and risk factor reveals an important difference among women. Specifically, injection drug users make up 36.4% of Aboriginal female cases versus 10.0% of all female cases. Source H	It is important that Métis and other Aboriginal people understand the link between injection drug use and HIV/AIDS. In addition, it is important that Métis people understand they will reduce their risk of acquiring HIV/AIDS by practicing safer sex behaviours. ◆

✷ Implication contained in the literature ◆ Implication indicated in Aboriginal-Specific HIV/AIDS Prevention, Care and Support Services in Alberta

Lessons About The Factors That Can Inhibit Change	Implications For Program Planning
Discrimination and mistrust of the medical system have been cited by Aboriginal people as major obstacles to seeking timely health care services if they suspect they may be HIV positive or have tested positive and require medical care. The degree to which Aboriginal people have access to appropriate HIV testing and the manner in which counselling and treatment are provided, if they suspect they may be infected, depends on where they live and under what jurisdiction health care services are provided. Source C	HIV prevention efforts will likely be hampered by Métis' mistrust of the health system. ◆
Although the level of educational attainment is steadily improving, the rate of Indian and Inuit students completing grades 12 and 13 in 1988 is still less than one-quarter of the national rate. Based on grade level attainment alone, literacy levels in Aboriginal communities appear to be lower than the national level. Source C	Printed literature on AIDS education and prevention will need to be supplemented by other audio-visual material to a greater extent than in mainstream populations. Planners will need to be sure that messages are presented in a simple straight-forward manner. A range of written material which corresponds to the reading level of the intended audience should also be developed. ◆
One of the most serious challenges in developing a national strategy to prevent HIV infection and AIDS in the Aboriginal community is denial by many Aboriginal people that the virus and the disease exists in the Aboriginal population. Source C	Métis leaders, including Settlement Councils and Métis Zones and Locals should be encouraged to openly support HIV/AIDS initiatives in their communities by actively promoting these activities. The denial by many Aboriginal people that the virus and the disease exists in the Aboriginal population can be overcome by presenting statistics. ◆

✸ Implication contained in the literature ◆ Implication indicated in Aboriginal-Specific HIV/AIDS Prevention, Care and Support Services in Alberta

Lessons About Cultural Factors	Implications For Program Planning
Accessing Traditional Medicine involves expenses for travel, food, accommodation, feasts, gifts, honorariums and tobacco. Without adequate family/community support an individual with limited income will have difficulty in accessing the above holistic healing. Source B	HIV/AIDS care providers need to understand/be respectful of Métis cultural factors and traditions. ◆
Healing Ceremonies: 1. Sweatlodges 2. Fasting 3. Prayers 4. Dances 5. Feasts 6. Pipe Ceremonies Source B	It is important that Interviewers understand the relationship of each Métis ceremony to the healing process in each community. Different healers within a community may play a different role. For example, the Sweatlodge ceremonies can take on different meanings. Some healers are specialists. ◆
Healing and Cleansing Elements: 1. Plants, rocks from Mother Earth 2. Rain, clouds, thunder from the sky world 3. Fire from Grandfather Sun 4. Water from Grandmother Moon 5. Gifts from the Animal world 6. Songs from the Spirit world 7. Gifts from the Four Sacred Dimensions Source B	Program planners need to develop educational materials for non-Aboriginal care providers that increases their understanding and appreciation of traditional Aboriginal beliefs and traditions. These beliefs and traditions may be different from community to community. ◆

✸ Implication contained in the literature ◆ Implication indicated in Aboriginal-Specific HIV/AIDS Prevention, Care and Support Services in Alberta

Lessons About Cultural Factors	Implications For Program Planning
Talking Ceremonies provide: 1. Advice 2. Acceptance/Support 3. Counselling 4. Teaching Lodge 5. Safety/Confidentiality Source B	Program planners need to develop educational materials for non-Aboriginal care providers that increases their understanding and appreciation of traditional Métis beliefs and traditions. These beliefs and traditions may be different from community to community. ◆
Grieving Ceremonies provide: 1. Healing/Understanding loss 2. Sending Spirit to the Spirit world Source B	Program planners need to develop educational materials for non-Aboriginal care providers that increases their understanding and appreciation of traditional Aboriginal beliefs and traditions. These beliefs and traditions may be different for each Aboriginal community. ◆
Due to the lack of culturally appropriate resources to educate Aboriginal people in Canada, a positive holistic understanding of HIV/AIDS has not reached Aboriginal populations. This has been creating fear, hysteria and rejection among those who have become infected. It is for this reason that disclosure has become very difficult and results in denial, producing a 'silent killer' within Aboriginal communities. Preconceived judgemental ideas and practices that assume people who have become infected lead 'immoral lives' and are deserving of the disease, still exist within Aboriginal communities. Source B	Planners need to identify the present beliefs about health, sexuality, AIDS and HIV/AIDS prevention among Aboriginal people and if this differs by age and gender categories. ✷ Métis people need to realize that HIV/AIDS is a health issue and not a moral issue. ✷ Métis people need to understand the physical stages of HIV/AIDS, and the infected person's needs during each stage of illness. ◆

✷ Implication contained in the literature ◆ Implication indicated in Aboriginal-Specific HIV/AIDS Prevention, Care and Support Services in Alberta

Lessons About At Risk Populations	Implications For Program Planning
Aboriginal Youth	
Many Aboriginal youth lack communication skills, work experience, self-esteem and education. In addition, most/many Aboriginal youth have experienced incarceration, various types of abuse, poverty, substance abuse, unwanted pregnancies, language barriers. Source B	Program planners and service providers need to be aware and sensitive to the social problems and barriers confronting Aboriginal youth. ◆
Most/many Aboriginal people lack safer sex negotiating skills. Source B	Safer sex negotiating skills need to be taught in a simple way. It is important to explain how these safer sex negotiating skills can be useful in different situations and under different types of pressure. ◆
Aboriginal Street Youth	
A greater proportion of Aboriginals than non-Aboriginals said they often felt lonely (62% to 52%) and that they had little in common with peers (56% to 42%). As well, Aboriginal street youth were more likely than non-Aboriginal street youth to have trouble making decisions (62% to 50%). Source E	If Aboriginal street youth are going to participate in HIV/AIDS education/awareness programs, then this feeling of alienation and powerlessness will have to be overcome. This could be accomplished by providing peer support. In addition, planners should make it easier for Aboriginal street youth to make risk avoidance decisions by providing ready access to condoms, making needle sharing unacceptable, etc. ◆
More of the Aboriginal street youth (84%) than the non-Aboriginals (76%) felt they needed more information about AIDS. A comparison of the five types of street youth revealed that more of the homeless and those preparing for or seeking jobs indicated they need to know more about AIDS. Source E	AIDS information should be available through organizations/agencies serving Aboriginal street youth. Develop acceptable vehicles for reaching Aboriginal street youth such as featuring teenagers on posters, putting posters in restaurants, etc. In addition, planners will likely have to develop a range of written material which corresponds to various literacy levels including the functionally illiterate to ensure the information can be understood by the intended audience. ◆

✷ Implication contained in the literature ◆ Implication indicated in Aboriginal-Specific HIV/AIDS Prevention, Care and Support Services in Alberta

Lessons About At Risk Populations	Implications For Program Planning
Aboriginal Street Youth	
Aboriginal street youth were less knowledgeable than non-Aboriginals on three of the four questions about the definition of AIDS. One fifth of the Aboriginal street youth believed that all homosexual men were infected with HIV, but only five percent of non-Aboriginals believed this myth. Source E	HIV/AIDS educators working with Aboriginal youth should be knowledgeable of the information/awareness differences between Aboriginal and non-Aboriginal youth. ◆
Proportionally fewer Aboriginal street youth knew about the asymptomatic period for some STD and about the possibility of contracting a STD more than once. Source E	Information concerning the link between STD and HIV should be available through organizations/agencies serving Aboriginal street youth. ◆
Fewer Aboriginal street youth reported having had a STD (13%) and they were also less likely to have gone for STD testing (39% compared to 49% non-Aboriginal youth). Only a few of the Aboriginal respondents said their greatest worry about having sexual intercourse was the likelihood of catching a sexually transmitted disease. Source E	It is important that Métis youth understand the link between STD and HIV and the importance of STD testing. ◆
Previous research highlights the differences in levels of substance abuse between Aboriginals and non-Aboriginals. Almost all the Aboriginal street youth used alcohol(97%) and one third (34%) were heavy alcohol users compared to one quarter of non-Aboriginal street youth. A greater proportion of Aboriginal street youth used drugs (85% compared to non-Aboriginals 75%), but less than one third (30%; non-Aboriginals 38%) were heavy drug consumers. Source E	HIV/AIDS programming should include the influence of substance use/impairment on risk behaviours. ◆

✸ Implication contained in the literature ◆ Implication indicated in Aboriginal-Specific HIV/AIDS Prevention, Care and Support Services in Alberta

Lessons About At Risk Populations	Implications For Program Planning
Two Spirited People (homosexual, lesbian and bisexual)	
Two Spirited people have often been victims of homophobia, resulting in rejection from family and friends. Source B	Lack of acceptance can produce ramifications such as drug abuse and involvement in the sex trade. These types of behaviour often place individuals in high risk situations. ✷ In addition, it is difficult for Métis people to talk about homosexuality and, therefore, this will pose a significant challenge to program planners and service providers. ◆
Aboriginal Women	
Aboriginal women have larger families at a younger age than other Canadian women. Although a current reference for the rate of teenage pregnancies among the Aboriginal population nationally is not available, localized community-based studies indicate that the rate of teenage pregnancies (under 17) is twice that of surrounding non-Aboriginal communities. Source C The Aboriginal population is younger than the mainstream population and as the limited data on teenage pregnancies indicates, they are sexually active and not engaging in safer sex practices. There is sufficient evidence, based on STD rates and high fertility rates, to indicate that once HIV is present, it has the means to spread quickly through the Aboriginal population. Source C	Planners need to gain the attention of women so they can encourage their partners to use condoms and use them properly. Moreover, it is essential to teach women, not just men about risky behaviours. ◆

✷ Implication contained in the literature ◆ Implication indicated in Aboriginal-Specific HIV/AIDS Prevention, Care and Support Services in Alberta

Lessons About At Risk Populations	Implications For Program Planning
Aboriginal Women	
Many Aboriginal women have experienced sexism, patriarchy, poverty, and abuse. Many also lack parenting skills and communication skills. Source C Little work experience/education or child support resulting in poverty often forces women into the sex trade in order to survive. Often there are no safer sex negotiating skills used and there is participation in substance abuse which eventually leads to incarceration. Source B	If Métis women are going to be able to ensure that their partners adopt safer sex practices, such as using a condom, feelings of powerlessness will have to be overcome. This could be accomplished by providing Aboriginal women with opportunities to build self-esteem, develop negotiating skills and to learn how to deal effectively with family violence. ◆

✸ Implication contained in the literature ◆ Implication indicated in Aboriginal-Specific HIV/AIDS Prevention, Care and Support Services in Alberta

SOURCES

Source A: Lucy C. Judge. Identifying AIDS Educational Needs of Métis Adults. North Eastern Alberta Health Unit, 1989.

Source B: Albert McLeod and Treasure Peterson. Care and Treatment of Aboriginal People with HIV/AIDS: Summary Report. Manitoba Aboriginal AIDS Task Force. March 22, 1993.

Source C: Joint National Committee on Aboriginal AIDS Education and Prevention. Recommendations for A National Strategy on Aboriginal AIDS Education and Prevention. Ottawa: Joint National Committee on Aboriginal AIDS Education and Prevention, 1989.

Source D: Medical Services Branch. Framework for the Prevention and Control of HIV Infection in the Aboriginal Clientele of Medical Services Branch. Ottawa: Health and Welfare Canada, 1990.

Source E: J. L. Radford, A. King and W. K. Warren. Street Youth & AIDS. Kingston, Ontario: Queen's University, 1989.

Source F: Coming Home. Métis Nation of Alberta. 1995.

Source G: First Nations Health Commission. Bridging The Gap: Report on the National Roundtable on HIV/AIDS and First Nations Population. Ottawa: Assembly of First Nations, 1994.

Source H: Epidemiologic Review: AIDS and HIV Among Aboriginal People in Canada. LCDC AIDS Quarterly Report, April 1994.

ADDITIONAL SOURCES

There is an extensive array of information concerning HIV/AIDS. A few of these publications are listed.

A Resource Manual for AIDS Educators. Ottawa: Canadian Public Health Association, 1992.

C. Frutchey, P. Christen and D. Rittinger. AIDS Hotline Training Manual. San Francisco AIDS Foundation, 1987.

Stan Houston. "Human immunodeficiency virus and Alberta Aboriginal People". Prairie Medical Journal. Volume 65, Number 1. Spring 1995.

HIV & AIDS: A Public Health Perspective. Canadian Public Health Association. March, 1993

HIV and AIDS: Canada's Blueprint. Health and Welfare Canada, 1990.

Inventory of Canadian HIV/AIDS Programs and Resources for Youth. Publication from the First National Conference on HIV/AIDS and Youth. Toronto, 1990.

David G. Ostrow. Barriers to the Recognition of Links Between Drug and Alcohol Abuse and AIDS: Acquired Immune Deficiency Syndrome and Chemical Dependency. Joint American Medical Society on Alcoholism and Other Drug Dependencies/National Council on Alcoholism National Meeting, San Francisco, California. U.S. Department of Health and Human Services, April, 1986.

Gerry Pearlberg. Women, AIDS, and Communities: A Guide for Action. Metuchen, N.J., & London, Women's Action Alliance, Inc. and the Scarecrow Press, Inc., 1991.

The First National Workshop on HIV Infection and Injection Drug Use: Strategies for Prevention
Montreal, Quebec. Ottawa, Ontario: Canadian Public Health Association. 1991.

Brenda J. Sinclair. Aboriginal Street Youth and Sex Trade Workers. For the Joint National Committee on Aboriginal AIDS Education and Prevention, Edmonton: The Alberta Indian Health Care Commission, March 1993.

SECTION 4

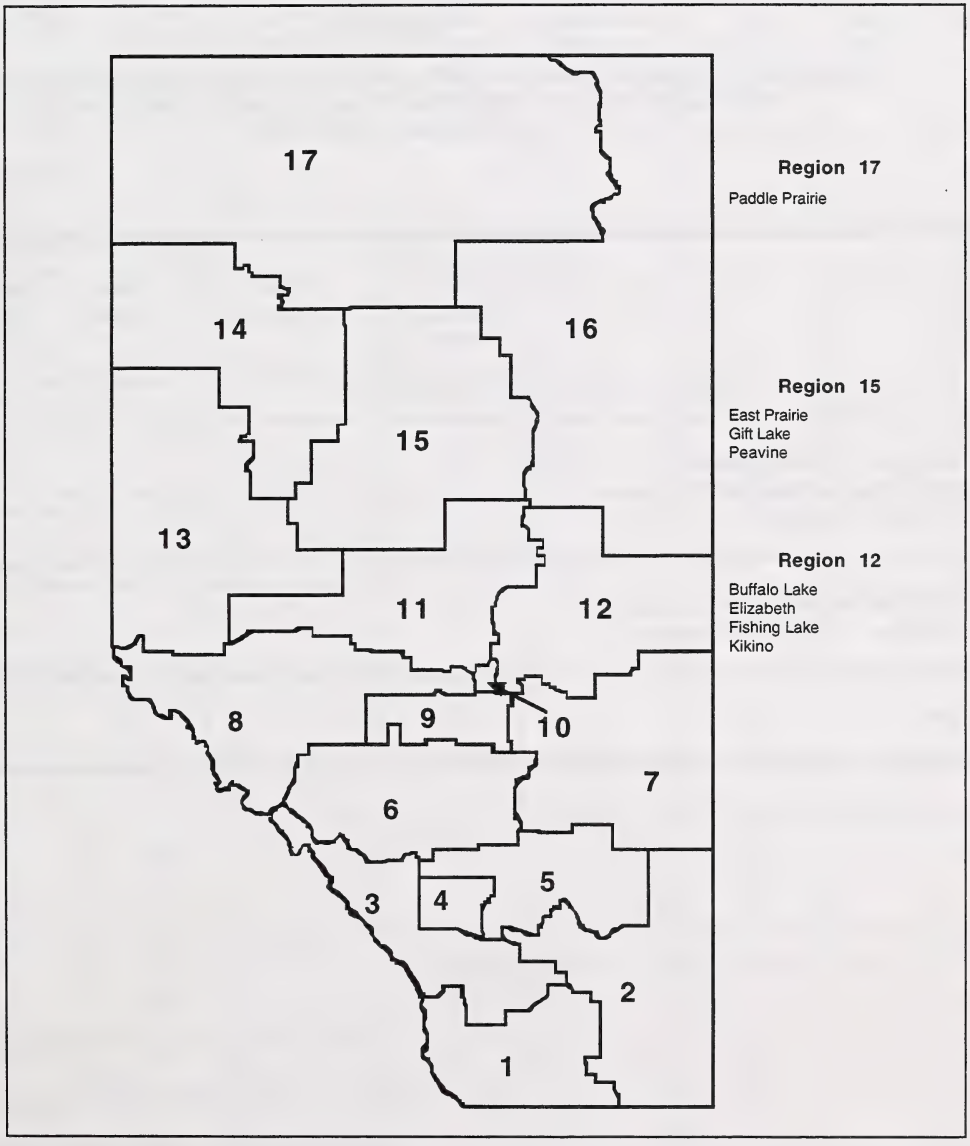
HIV/AIDS PREVENTION, CARE AND SUPPORT SERVICES FOR MÉTIS PEOPLE

4.0 HIV/AIDS PREVENTION, CARE AND SUPPORT SERVICES FOR MÉTIS PEOPLE

The Métis population of Alberta is diverse. Some speak an Aboriginal language, and practice a variety of Aboriginal customs, others do not. Some live on Métis Settlements, and others live in remote Aboriginal hamlets, in rural areas, villages, towns and cities. Exhibit 3 illustrates that the 8 Métis Settlements are located in Regional Health Authorities 17, 15, and 12.

EXHIBIT 3

LOCATION OF MÉTIS SETTLEMENTS IN ALBERTA



It was anticipated that the types of organizations that were interviewed would either be arranging for the provision of activities and services concerning HIV/AIDS or providing these activities/services directly. It can be seen from Exhibit 4 that some of the 37 organizations that were interviewed arranged for the provision of HIV/AIDS prevention and education activities [11 of 37], while very few actually directly provided these types of activities to Métis people in the last 12 months.

It can also be seen from Exhibit 4 that Native Friendship Centres were the most active organizations in arranging/providing prevention and education activities for Métis people concerning HIV/AIDS. This was reported as being due to the fact that Native Friendship Centres have staff who can spend time either providing prevention and education activities or arranging for these activities. Accordingly, the Native Friendship Centres should be viewed as an important resource for Métis communities as they realize the threat posed by the spread of HIV infection.

EXHIBIT 4

NUMBER OF ORGANIZATIONS THAT HAVE ARRANGED AND/OR PROVIDED PREVENTION AND EDUCATION ACTIVITIES CONCERNING HIV/AIDS TO MÉTIS PEOPLE IN THE LAST 12 MONTHS

	Native Friendship Centres n = 15	Métis Settlements n = 5	Métis Locals n = 17	Total n = 37
Arranged for the provision of prevention and education activities in the last 12 months	9	2	0	11
Provided prevention and education activities in the last 12 months	3	0	0	3
Both	3	0	0	3

In order to develop prevention and education programs concerning HIV/AIDS, it is important to know where to focus. The organizations that were contacted indicated that it is important for Métis people to know about all of the prevention topics that were presented during the interview [see Exhibit 5]. It is important to note that only 23 of 37 respondents consider the prevention topic of 'bleaching needles' as being 'very important'. Some of the respondents may be concerned that if the topic of 'bleaching needles' is discussed with Métis people, this could be interpreted by some individuals as encouraging people to use drugs. Accordingly, it may be seen by some of the respondents that discussing 'bleaching needles' is not in the best interest of the Métis people.

EXHIBIT 5

SPECIFIC PREVENTION TOPICS CONSIDERED IMPORTANT FOR MÉTIS PEOPLE TO KNOW ABOUT CONCERNING HIV/AIDS

Prevention Topics	Very Important	Somewhat Important	Neither Important Nor Unimportant	Somewhat Unimportant	Very Unimportant	Don't Know	Total
HIV Transmission	35	2					37
Risky Behaviours	36	1					37
Using a Condom During Vaginal Intercourse	31	6					37
Using a Condom During Anal Intercourse	31	6					37
Bleaching Needles	23	11	3				37
Sexual Activity	33	3			1		37
Sex and Relationships	30	6	1				37
Dealing with Potential Consequences of Sexual Activity	31	4			1	1	37
Sexually Transmitted Diseases	36	1					37
HIV	35	2					37
Proper Use of Condoms	29	8					37
Buying Condoms	29	8					37
Deciding on Using Condoms	30	7					37

It is also important to know how comfortable the audience will be in listening to information being presented on each of these topics. Exhibits 6 through 16 provide insights concerning how comfortable Métis people would be in listening to information about specific prevention topics respecting HIV/AIDS. Some of the respondents indicated that Métis people would feel most comfortable if HIV/AIDS presentations did ***not*** include both males and females in the audience.

It can be seen from Exhibits 6 through 16 that approximately the same number of respondents considered that Métis people would either be 'somewhat comfortable' or 'somewhat uncomfortable' with listening to information about each of the prevention topics. Three topics in particular are perceived to be the source of the greatest degree of discomfort for Métis people—listening to information about 'using a condom during vaginal intercourse' [Exhibit 8], 'using a condom during anal intercourse' [Exhibit 9], and 'sex and relationships' [Exhibit 12].

EXHIBIT 6

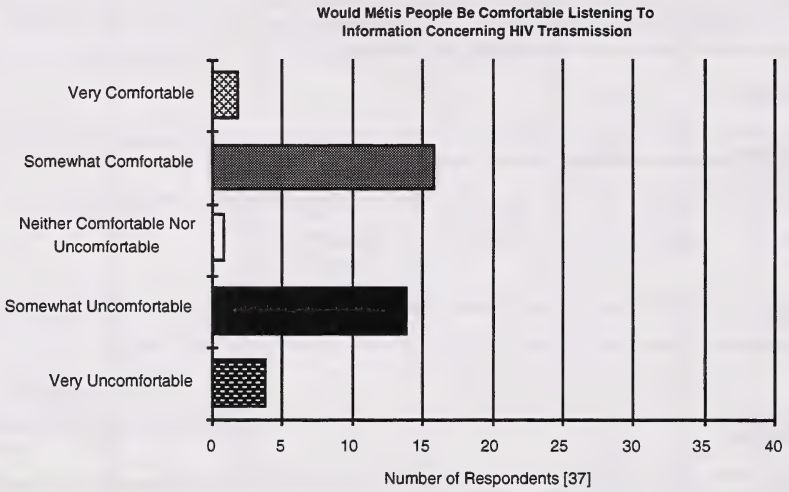


EXHIBIT 7

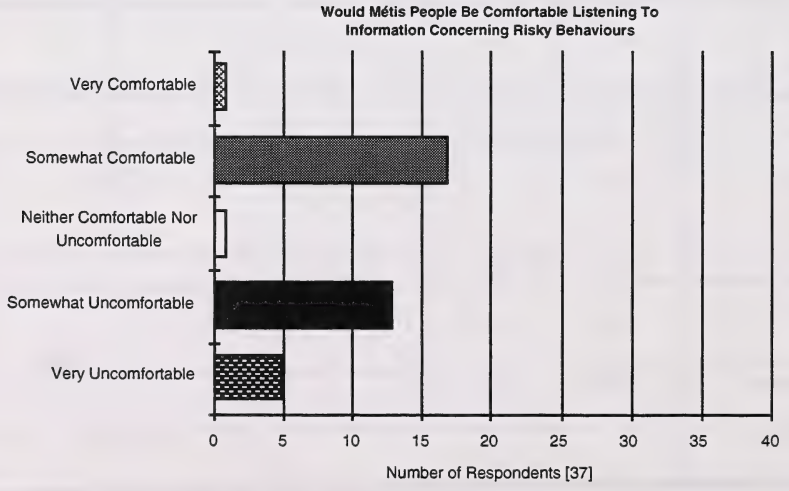


EXHIBIT 8

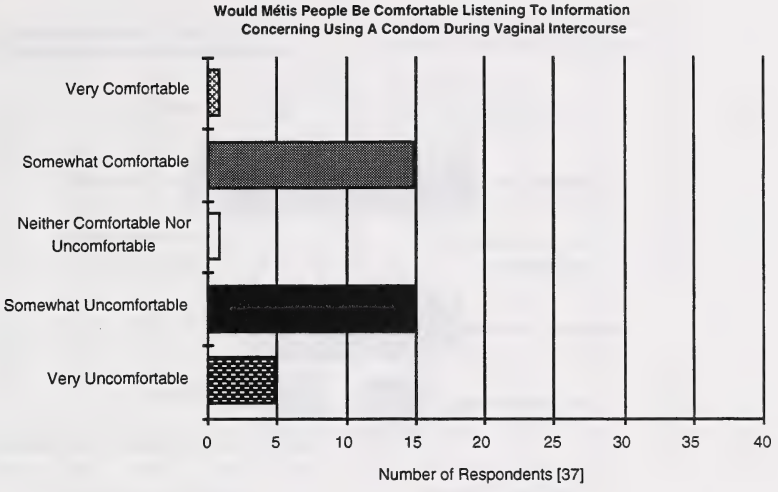


EXHIBIT 9

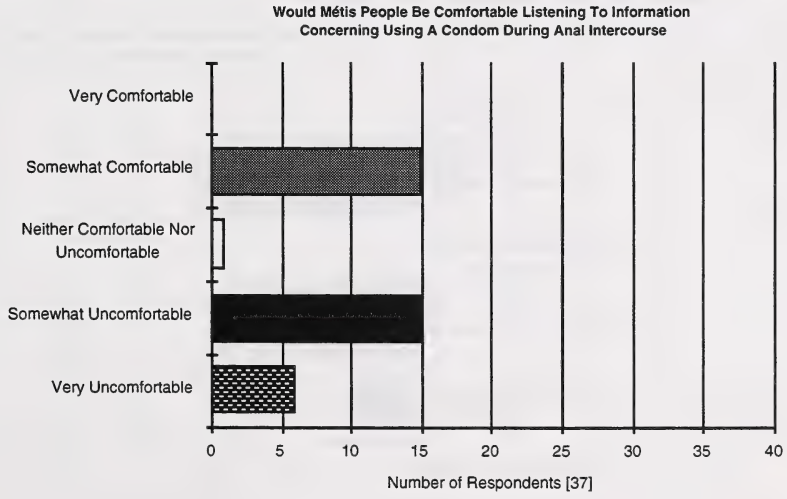


EXHIBIT 10

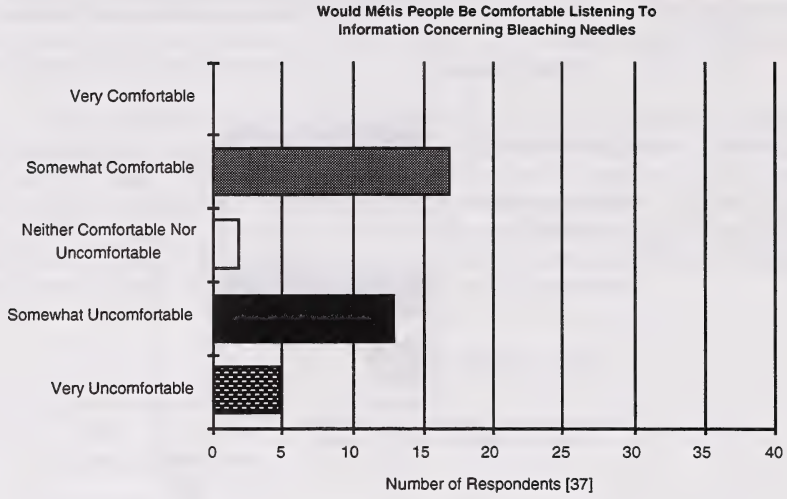


EXHIBIT 11

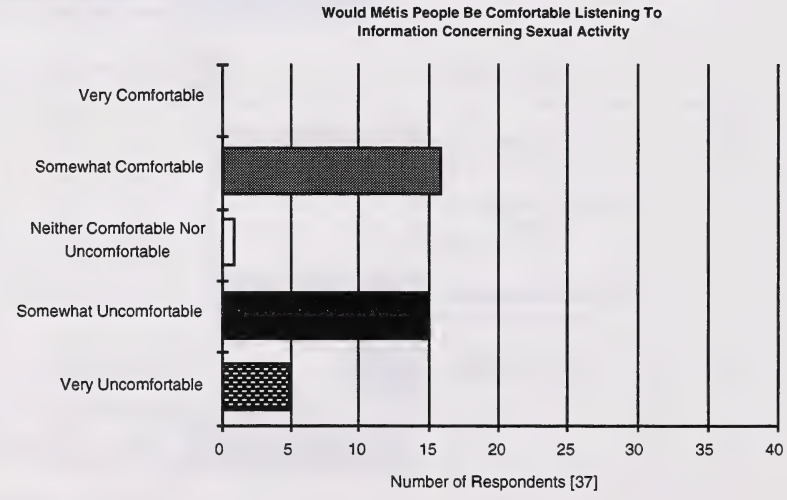


EXHIBIT 12

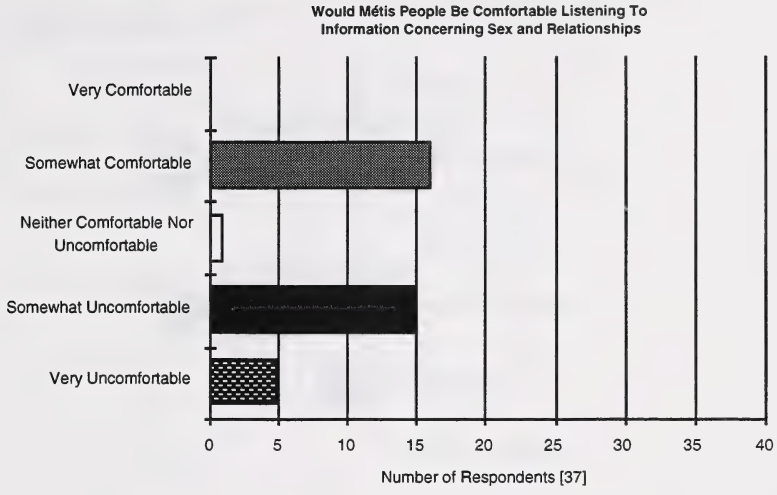


EXHIBIT 13

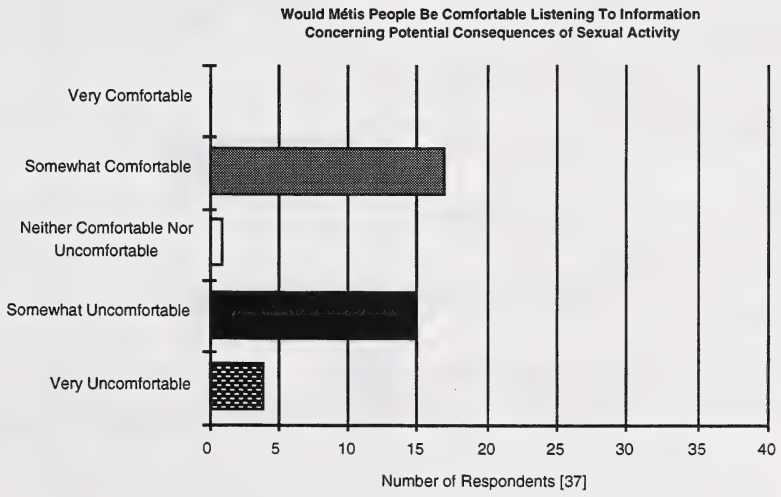


EXHIBIT 14

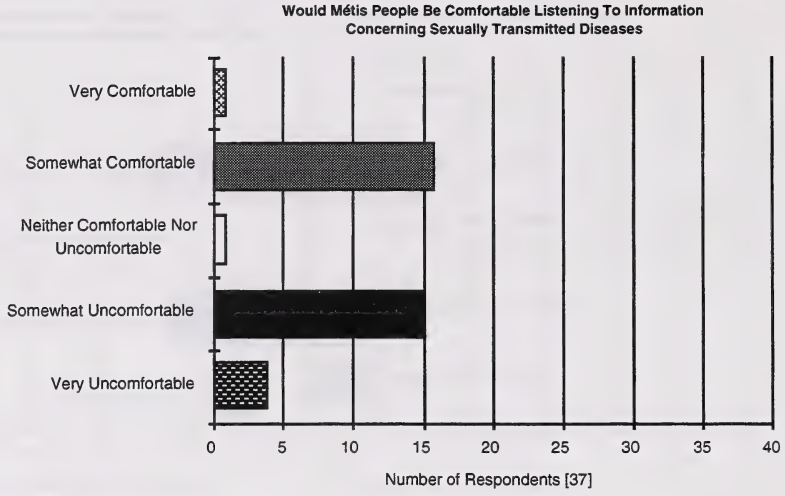


EXHIBIT 15

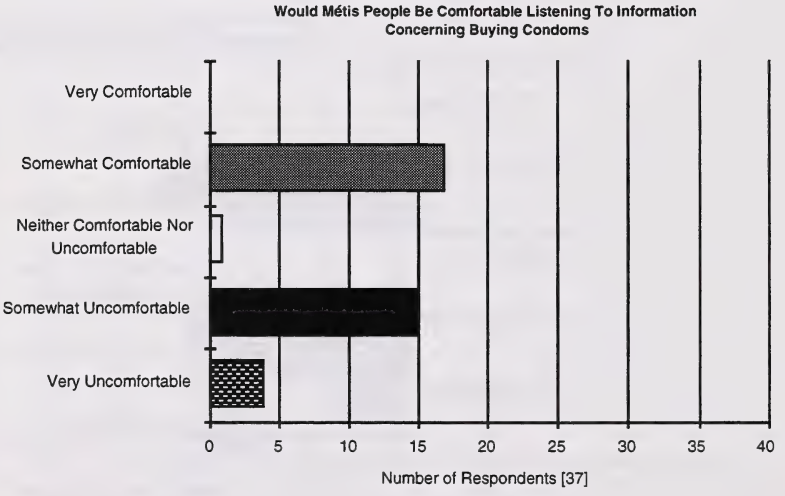
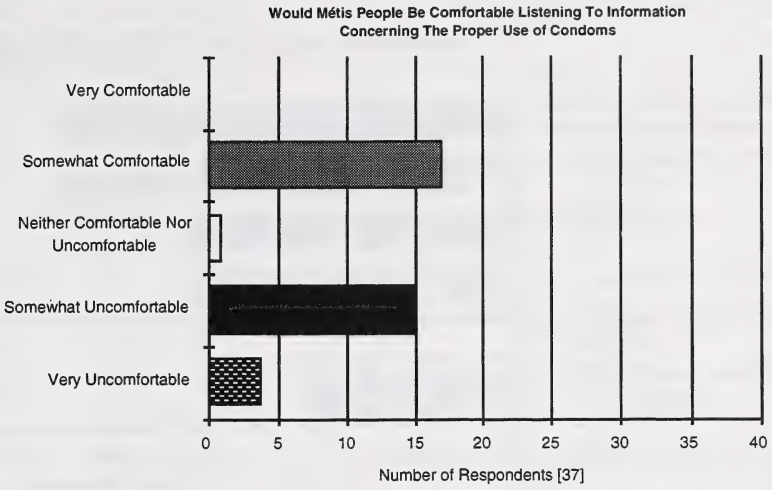
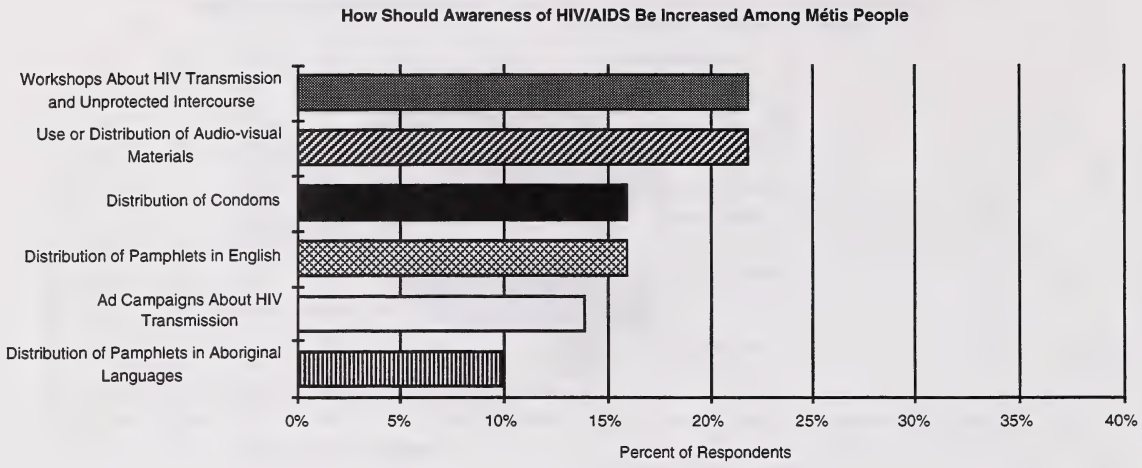


EXHIBIT 16



Most respondents believed that Métis people are ***not*** receiving adequate prevention and education information about HIV/AIDS. For example, 14 of 37 respondents stated that Métis teenagers needed to be better informed about HIV/AIDS and 12 respondents noted that young Métis adults [aged 18 to 30] require more information about HIV/AIDS. Another 10 respondents stated that other groups of Métis people also need more information, such as Aboriginal street people, women and Métis adults who are middle-aged. It is interesting to note that the majority of the respondents perceived the 'youth and young adults' to be the primary target groups for HIV/AIDS related information. However, this negates the fact that people who are middle-aged also move in and out of relationships. It is important that they are able to protect themselves from HIV/AIDS.

It can be seen from Exhibit 17 there is strong support for a variety of ways of increasing the awareness of HIV/AIDS among Métis people. While workshops and using/distributing audio-visual materials were very strongly preferred, approximately 60 percent thought condoms, ad campaigns and pamphlets should be used. It is also interesting to note from Exhibit 17 that only 4 of 37 respondents [10%] thought that the 'distribution of pamphlets in Aboriginal languages' should be used to increase awareness of HIV/AIDS among Métis people. This finding is similar to information contained in the report entitled Aboriginal-Specific HIV/AIDS Prevention, Care and Support Services in Alberta [December 1994].



We were interested in exploring the opinions of the respondents concerning the information that is often contained in pamphlets about HIV/AIDS. Most of the respondents [27 of 37] had read some of the pamphlets concerning HIV/AIDS. Fourteen of the 27 respondents who had read pamphlets reported that the information is ***not*** easy to understand, while 12 of 27 perceived that the information contained in pamphlets about HIV/AIDS is easy to understand.

The following comments were provided by those respondents who indicated that the information contained in pamphlets is ***not*** easy to read:

- pamphlets should be more direct;
- confusing, too technical, need to be simplified;
- too many big words like AIDS written out—this turns people off; and
- too much reading—some big words that people don't understand

Preventing HIV/AIDS means educating children and teenagers about sex and empowering them with the knowledge and skills necessary to protect themselves. Lack of self-esteem has also had an effect on the practice of safer sex in the Métis community. A component of this includes developing skills concerning how to negotiate with partners about having safer sex or the ability to negotiate one's way out of feeling they have to have sex. Moreover, the First Nations Health Commission's Roundtable on HIV/AIDS and Aboriginal people noted that the denial perpetuated by Aboriginal people themselves concerning HIV/AIDS is one of the most challenging barriers to the effective implementation of education awareness strategies.

Accordingly, it is important to know whether organizations that do arrange for or provide prevention and education activities concerning HIV/AIDS are presenting information about the ***behavioural causes*** of HIV transmission. Exhibit 18 indicates this aspect of HIV transmission is being covered by less than half of the organizations that are arranging/providing prevention and education activities.

EXHIBIT 18

SPECIFIC BEHAVIOURAL CAUSES OF HIV TRANSMISSION
PRESENTED BY ORGANIZATIONS

HIV Transmission: Behavioural Causes	Yes	No	Don't Know	Does Not Provide Or Arrange For Service	Total
Having Several Partners	9	11	2	15	37
Sex Without a Condom During Anal Intercourse	9	11	2	15	37
Sex Without a Condom During Vaginal Intercourse	9	11	2	15	37
Other Sexually Transmitted Diseases and HIV	7	12	3	15	37
Sharing Equipment for Using Injection Drugs	7	12	3	15	37

The Feather of Hope Aboriginal AIDS Prevention Society, located in Edmonton, has been playing an increasing role in helping Aboriginal people and organizations to prevent the spread of HIV. Accordingly, we were interested in finding out the extent to which the respondents were aware of Feather of Hope and whether they had contacted this agency for assistance. The survey results indicate that although 27 of the 37 respondents were aware of Feather of Hope, only 7 of 37 had contacted the agency in the last 12 months to ask Feather of Hope to provide services to their organization or the Métis people they serve [6 Friendship Centres and 1 Métis Local].

The agencies that were interviewed rely on a variety of organizations to assist in providing services to Métis people concerning HIV/AIDS education and awareness. For example, 15 of the respondents stated they connect, on a regular basis, with other agencies concerning the delivery of prevention and education activities. Most of these respondents noted that they obtain services from the Health Unit in their area. It is important to point out that the Sexually Transmitted Disease Clinic was not among the agencies that had been contacted by any of the 37 respondents concerning HIV/AIDS.

During our interviews we were interested in the availability of specific HIV/AIDS-related services to Métis people. Most of the respondents [22 of 37] indicated that services to 'draw blood and send it to the lab for testing' are available, but only 9 of 37 people who were interviewed stated that pre-post test counselling is readily available. This is a significant gap which requires expeditious attention.

When people acquire HIV or develop AIDS they require the support of others and their need for different services fluctuates. During our interviews, we were interested in finding out whether specific services would be available to Métis people who had HIV/AIDS. It can be seen from Exhibit 19 that almost half of the respondents indicated that 'medical care' and 'referral for case management' would be available to Métis people who have HIV or AIDS. However, very few respondents indicated that 'support groups' and 'housing' would be available for a Métis person with HIV or AIDS.

EXHIBIT 19

PERCENTAGE OF RESPONDENTS WHO INDICATED THAT
THE FOLLOWING SERVICES WERE AVAILABLE TO THE
MÉTIS PEOPLE THEY SERVE CONCERNING HIV/AIDS CARE AND SUPPORT

	Percentage of Respondents
Medical Care	46%
Referral for Case Management	46%
Transportation	24%
Food	24%
Support Groups	16%
Housing	16%

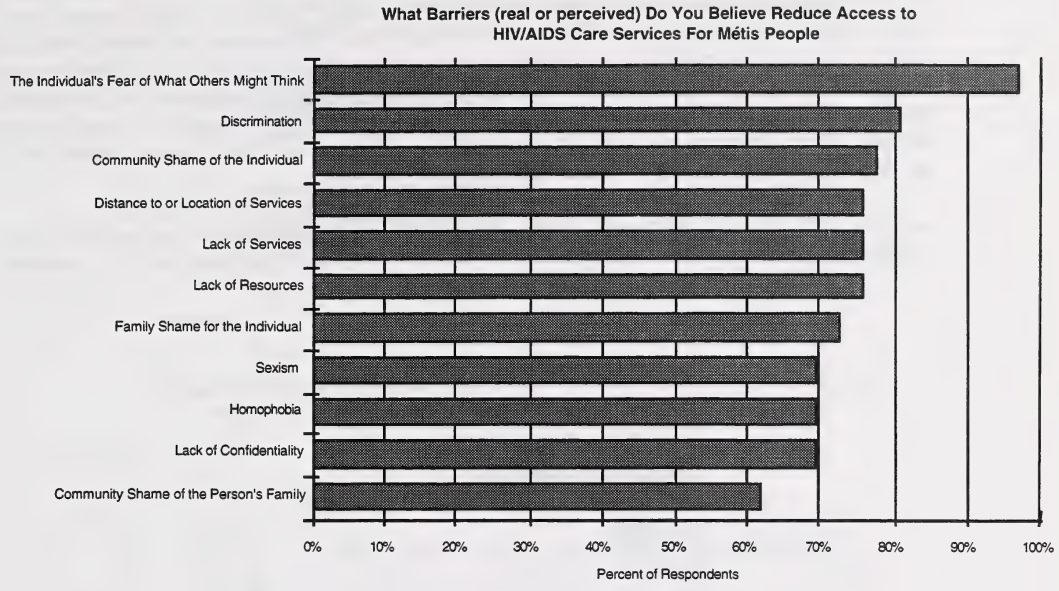
Sometimes Aboriginal people will turn to traditional healers for assistance. We asked the respondents if they could access traditional healers who would perform certain healing ceremonies for Métis people with HIV/AIDS. Although 4 of 37 respondents stated that Métis people do not use traditional healers, 20 respondents noted they could access traditional healers for the following ceremonies, while 7 indicated they could not access these individuals, and another 6 were unsure:

- sweatlodge;
- prayers;
- feasts;
- pipe ceremonies;
- healing/talking circles;
- use of traditional medicines; and
- use of grieving ceremonies.

Notwithstanding the fact that 20 respondents indicated they could access traditional healers, most [29 of 37] stated they ***do not access*** traditional healers. Moreover, 26 respondents noted they have not referred people to traditional healers—primarily because it has not been needed/requested.

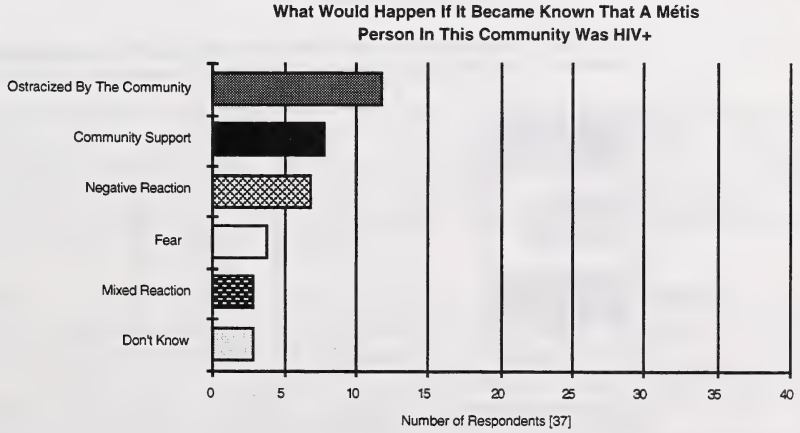
When people are experiencing problems in their lives they do not always seek help. We were interested in understanding what barriers (real or perceived) might reduce a Métis person's access to HIV/AIDS services. It can be seen from Exhibit 20, that for almost all the potential barriers listed, 70 percent of respondents believed them to reduce access to HIV/AIDS care services for Métis people. Whether or not this is a reality, there is strong evidence of a problem that needs to be further explored and addressed.

EXHIBIT 20



During our interviews we also wanted to know how people might react if it became known that a Métis person living in their community was HIV positive. It can be seen from Exhibit 21 that the overwhelming response was 'ostracization'. However, it was noted by some respondents that there would likely be community support. The data indicate there is strong evidence of a problem that needs to be further explored and addressed. As stated earlier, the National Roundtable on HIV/AIDS and Aboriginal people noted that the denial perpetuated by Aboriginal people themselves concerning HIV/AIDS is one of the most challenging barriers to the effective implementation of education awareness strategies.

EXHIBIT 21



NOTE: This is similar to the findings reported by Alberta Health and Health Canada in a report entitled Aboriginal-Specific HIV/AIDS Prevention, Care and Support Services in Alberta.

Exhibits 22 through 24 provide some insights concerning the support from the Boards of the Métis Locals concerning the need for educating Métis people about HIV/AIDS and providing required services. This question was asked of the 17 Métis Locals that were interviewed. Many of the Métis Locals that were interviewed indicated their Boards openly support the need for educating Métis people about HIV/AIDS, but they have mixed views concerning the degree to which their Boards have encouraged the development of services respecting HIV/AIDS. However, most of the Métis Locals who were interviewed stated their Boards believe that there are more important issues than HIV/AIDS confronting Métis people.

Lastly, Exhibit 25 indicates many of the Métis Locals were uncertain about the willingness of the Elders and traditional healers to help people who are HIV positive.

EXHIBIT 22

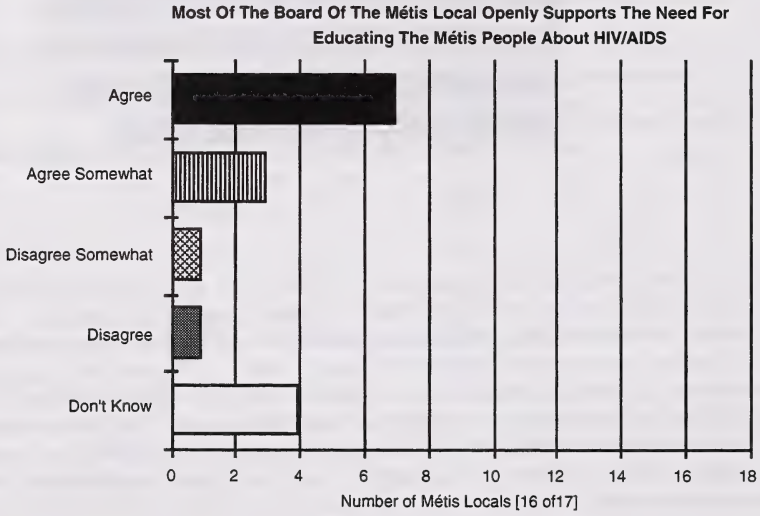


EXHIBIT 23

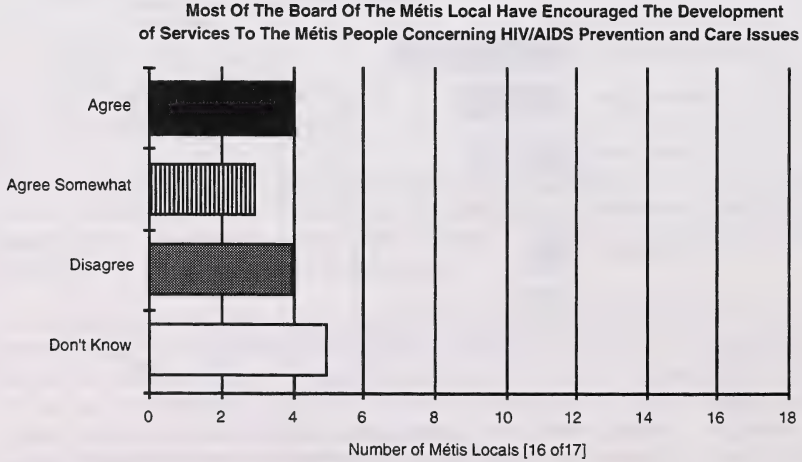


EXHIBIT 24

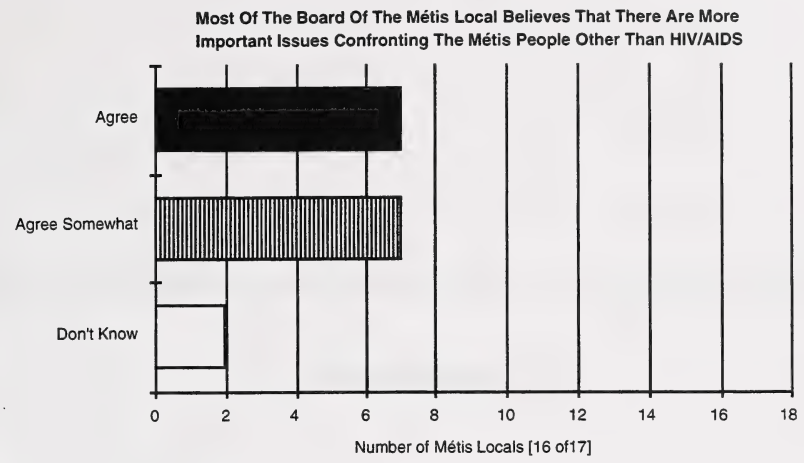


EXHIBIT 25

CONCLUSION

Epidemiological evidence indicates that HIV/AIDS is increasing among Aboriginal people. We also know that a higher proportion of the Aboriginal cases are either injection drug users, combined injection drug users and homosexual/bisexual risk or heterosexual risk. In addition, comparison by gender and risk factor reveals an important difference among women. Specifically, injection drug users make up 36.4% of Aboriginal female cases versus 10.0% of all female cases.

This report is an initial step in planning to further address HIV/AIDS prevention, care and support issues as they affect the Métis community. Perhaps the information contained in this report will provide some clarity as to what needs to be accomplished in the future. The findings of this study may assist Métis and non-Aboriginal organizations to take appropriate action to address HIV/AIDS prevention, care and support issues as they affect the Métis community. We know that HIV/AIDS is a deadly disease—one which can be prevented—this is the challenge facing the Métis people of Alberta.

APPENDIX 1

QUESTIONNAIRE RESPECTING HIV/AIDS PREVENTION, CARE AND SUPPORT SERVICES FOR MÉTIS PEOPLE

INTERVIEW GUIDE FOR MÉTIS LOCALS, MÉTIS SETTLEMENTS AND NATIVE FRIENDSHIP CENTRES

Date of Interview	
Name of Respondent	
Name of Agency	
Agency Address	
Agency Telephone Number and Fax Number	_____ Telephone _____ Fax

1. Approximately how many Métis people does your organization serve?

   _____ Number of people

2. In the last 12 months, has your organization ***arranged*** for the provision of prevention activities and/or care services to Métis people concerning HIV/AIDS?

   _____ Yes _____ No

   IF NO, why not

IF YES, have you arranged for the provision of:

Prevention and Education Activities _____ Yes _____ No

Care and Support Services _____ Yes _____ No

3. In the last 12 months, has your organization ***provided*** prevention activities and/or care services to Métis people concerning HIV/AIDS?

_____ Yes _____ No

IF NO, why not

IF YES, have you provided:

Prevention and Education Activities _____ Yes _____ No

Care and Support Services _____ Yes _____ No

4. In your opinion, how important is it that Métis people know about the following topics concerning HIV and AIDS?

Prevention Topics	Very Important	Somewhat Important	Neither Important Nor Unimportant	Somewhat Unimportant	Very Unimportant	Don't Know
HIV Transmission	1	2	3	4	5	9
Risky Behaviours	1	2	3	4	5	9
Using a Condom During Vaginal Intercourse	1	2	3	4	5	9
Using a Condom During Anal Intercourse	1	2	3	4	5	9
Bleaching Needles	1	2	3	4	5	9
Sexual Activity	1	2	3	4	5	9
Sex and Relationships	1	2	3	4	5	9
Dealing with Potential Consequences of Sexual Activity	1	2	3	4	5	9
Sexually Transmitted Diseases	1	2	3	4	5	9
HIV	1	2	3	4	5	9
Proper Use of Condoms	1	2	3	4	5	9
Buying Condoms	1	2	3	4	5	9
Deciding on Using Condoms	1	2	3	4	5	9

5. In your opinion, how comfortable are Métis people with listening to the following topics concerning HIV and AIDS?

Prevention Topics	Very Comfortable	Somewhat Comfortable	Neither Comfortable Nor Uncomfortable	Somewhat Uncomfortable	Very Uncomfortable	Don't Know
HIV Transmission	1	2	3	4	5	9
Risky Behaviours	1	2	3	4	5	9
Using a Condom During Vaginal Intercourse	1	2	3	4	5	9
Using a Condom During Anal Intercourse	1	2	3	4	5	9
Bleaching Needles	1	2	3	4	5	9
Sexual Activity	1	2	3	4	5	9
Sex and Relationships	1	2	3	4	5	9
Dealing with Potential Consequences of Sexual Activity	1	2	3	4	5	9
Sexually Transmitted Diseases	1	2	3	4	5	9
HIV	1	2	3	4	5	9
Proper Use of Condoms	1	2	3	4	5	9
Buying Condoms	1	2	3	4	5	9
Deciding on Using Condoms	1	2	3	4	5	9

6. When you provide or arrange for prevention activities concerning HIV and AIDS, are the following topics discussed?

Prevention Topics	Yes	No	Don't Know
HIV Transmission	1	2	9
Risky Behaviours	1	2	9
Using a Condom During Vaginal Intercourse	1	2	9
Using a Condom During Anal Intercourse	1	2	9
Bleaching Needles	1	2	9
Sexual Activity	1	2	9
Sex and Relationships	1	2	9
Dealing with Potential Consequences of Sexual Activity	1	2	9
Sexually Transmitted Diseases	1	2	9
HIV	1	2	9
Proper Use of Condoms	1	2	9
Buying Condoms	1	2	9
Deciding on Using Condoms	1	2	9

7. In your opinion are the Métis people you serve receiving adequate prevention and education information about HIV/AIDS?

_____ Yes _____ No

IF YES, how are these messages being delivered and by whom?

8. In your opinion are there groups of Métis people, such as teenagers, young adults aged 18 to 26, women, etc. that need to be better informed about HIV/AIDS?

_____ Yes _____ No

IF YES, what groups of Métis need to be better informed about HIV/AIDS?

8(b) How should the awareness of HIV/AIDS be increased among these groups of Métis?

Prevention	Yes	No	Don't Know
Ad campaigns about HIV Transmission	1	2	9
Distribution of Condoms, How are they provided, etc.	1	2	9
Workshops about HIV Transmission and unprotected vaginal and anal intercourse and oral sex	1	2	9
Distribution of pamphlets in English	1	2	9
Distribution of pamphlets in Aboriginal languages	1	2	9
Use or distribution of audio-visual materials	1	2	9

9. Some people believe that the information about HIV/AIDS that is contained in pamphlets is not easy to read, or may not be written in a way that people understand. Have you ever read some of the pamphlets concerning HIV/AIDS?

_____ Yes _____ No

IF YES, is the information easy to understand by most Métis people that you serve?

10. When the issue of Transmission of HIV is discussed, are the following behavioural causes included?

Behavioural Causes	Yes	No	Don't Know
Having several partners	1	2	9
Sex WITHOUT a condom during anal intercourse	1	2	9
Sex WITHOUT a condom during vaginal intercourse	1	2	9
Other Sexually Transmitted Diseases and HIV	1	2	9
Sharing equipment for using injection drugs	1	2	9

11(a) Are you aware of an organization called Feather of Hope?

_____ Yes _____ No

11(b) In the last 12 months have you contacted Feather of Hope to provide services to your organization or the Métis people you serve?

_____ Yes _____ No

IF YES, why did you contact Feather of Hope and how did they help your organization or the Métis people you serve?

12. Are there other agencies that your organization is connected with on a regular basis in the delivery of the prevention services that we have already discussed?

_____ Yes _____ No

IF YES, please list the different agencies with which your organization is connected a describe their role and your role concerning the delivery of prevention services about HIV and AIDS.

Name of Other Agency	Their Role	The Role of Your Agency

13(a) Are the following services currently available to the Métis people you serve:

Services	Yes	No	Don't Know
Drawing blood and sending it to the lab for testing	1	2	9
Pre-post test counselling	1	2	9

13(b) Are the following services currently available to the Métis people you serve?

Services	Yes	No	Don't Know
Support groups	1	2	9
Provide Referral for Case Management	1	2	9
Medical Care	1	2	9
Transportation	1	2	9
Housing	1	2	9
Food	1	2	9

13(c) What would happen if it became known that a Métis person in this community was HIV positive?

14. Do you think your organization could access Traditional Healers who will perform the following traditional healing ceremonies for Métis people with HIV/AIDS?

Healing Ceremonies	Yes	No	Don't Know	Reason for Not Being Able to Access Traditional Healers
Sweatlodge	1	2	9	
Prayers	1	2	9	
Feasts	1	2	9	
Pipe Ceremonies	1	2	9	
Healing/Talking Circles	1	2	9	
Use of Traditional Medicines	1	2	9	
Use of Grieving Ceremonies	1	2	9	

15. To what extent does your organization access or refer people to Traditional Healers [Medicine Men/Women] to perform the following traditional healing ceremonies for Métis people with HIV/AIDS?

Healing Ceremonies	Access	Refer	Reason for Not Accessing Traditional Healers	Reason for Not Referring Traditional Healers
Sweatlodge	Yes No	Yes No		
Prayers	Yes No	Yes No		
Feasts	Yes No	Yes No		
Pipe Ceremonies	Yes No	Yes No		
Healing/Talking Circles	Yes No	Yes No		
Use of Traditional Medicines	Yes No	Yes No		
Use of Grieving Ceremonies	Yes No	Yes No		

16. What barriers (real or perceived) do you believe reduce access to HIV/AIDS care services by Métis people?

	Yes	No	Don't Know
Community shame of the individual	1	2	9
Community shame of the person's family	1	2	9
Family shame for the individual	1	2	9
Lack of resources	1	2	9
Lack of services	1	2	9
Lack of confidentiality	1	2	9
Discrimination	1	2	9
The Individual's Fear of what others might think	1	2	9
Homophobia	1	2	9
Sexism	1	2	9
Distance to or location of services	1	2	9
Other [List]:			

ONLY FOR MÉTIS SETTLEMENTS

17. To what extent do you agree or disagree with the following statements?

	Agree	Agree Somewhat	Neither Agree Nor Disagree	Disagree Somewhat	Disagree	Don't Know or Not Sure
Most of the Métis Council openly supports the need for educating the Métis people about HIV/AIDS	1	2	3	4	5	9
Most of the Métis Council have encouraged the development of services to our people concerning HIV/AIDS prevention and care issues	1	2	3	4	5	9
Most of the Métis Council believe there are more important issues confronting the community other than HIV/AIDS	1	2	3	4	5	9
Elders and traditional healers in our community are willing to help people who are HIV+	1	2	3	4	5	9
There are only a handful of people in our community who have tested positive for HIV	1	2	3	4	5	9

18. Do you know how many people in this community have tested positive for HIV?

_____ Yes _____ Have some idea _____ No

IF YES OR HAVE SOME IDEA, how many people have tested positive for HIV?

_____ # of people tested positive for HIV

SEE NEXT PAGE FOR QUESTIONS FOR MÉTIS LOCALS

ONLY FOR MÉTIS LOCALS

19. To what extent do you agree or disagree with the following statements?

	Agree	Agree Somewhat	Neither Agree Nor Disagree	Disagree Somewhat	Disagree	Don't Know or Not Sure
Most of the Board of the Métis Local openly supports the need for educating the Métis people about HIV/AIDS	1	2	3	4	5	9
Most of the Board of the Métis Local have encouraged the development of services to our people concerning HIV/AIDS prevention and care issues	1	2	3	4	5	9
Most of the Board of the Métis Local believe that there are more important issues confronting the community other than HIV/AIDS	1	2	3	4	5	9
Elders and traditional healers in our community are willing to help people who are HIV+	1	2	3	4	5	9
There are only a handful of people in our community who have tested positive for HIV	1	2	3	4	5	9

20. Do you know how many people in this community have tested positive for HIV?

_____ Yes _____ Have some idea _____ No

IF YES OR HAVE SOME IDEA, how many people have tested positive for HIV?

_____ # of people tested positive for HIV